Xerox Docket No. D/A1063

AT _ _ICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MONOLITHIC RECONFIGURABLE OPTICAL ADD/DROP MULTIPLEXER SYSTEMS AND METHODS

described and claimed in the specification:	
Check one	
*a. 🛛 attached hereto.	
b. filed on as Application No and amended on (if applicable).	
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the cl	aims,
as amended by any amendment referred to above.	
I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as define Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year	
prior to this application are hereby claimed:	
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the	•
United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-name	
foreign priority application(s) and/or United States provisional application(s):	
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute	his
application and to transact all business in the Patent Office:	
James A. Oliff, Registration No. 27,075; William P. Berridge, Registration No. 30,024;	:
Kirk M. Hudson, Registration No. 27,562; Thomas J. Pardini, Registration No. 30,411;	
Edward P. Walker, Registration No. 31,450; Robert A. Miller, Registration No. 32,771;	
Mario A. Costantino, Registration No. 33,565; Stephen J. Roe, Registration No. 34,463;	
Joel S. Armstrong, Registration No. 36,430; Christopher W. Brown, Registration No. 38,025;	
Richard E. Rice, Registration No. 31,560; Mark Costello, Registration No. 31,342; Don L. Webber, Registration No. 34,275; Ronald F. Chapuran, Registration No. 26,402;	
Eugene O. Palazzo, Registration No. 20,881; Kevin R. Kepner, Registration No. 32,145;	
and/or Richard B. Domingo, Registration No. 36,784.	
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &	
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.	
The short dealers that I have residented and an elementation are stated to the state of the stat	
I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made here of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that	
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or	nese
imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may	
jeopardize the validity of the application or any patent issued thereon.	
1 Typewritten Full Name	
of First or Sole Inventor Joel A. KUBBY	
Given Name Midwle Initial Family Nar	те
2 **INVENTOR'S SIGNATURE: July	
3 **DATE OF SIGNATURE: November 14/5 5 +5 2001	J
Month Day Year	
Residence: Rochester New York USA	
City State or Province Country	
Citizenship: USA	
Post Office Address:	
(Insert complete 63 Springvalley Road, Rochester, NY 14622, USA	
mailing address,	
including country)	1
*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is ch	cckea.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

(: 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Typewritten Full Name of Second Joint Inventor (if any) Pinyen LIN Middle Initial Given Name Family Name **INVENTOR'S SIGNATURE: 225 StL 3 **DATE OF SIGNATURE: Year Month Day Rochester New York **USA** Residence: City State or Province Country **USA** Citizenship: Post Office Address: (Insert complete 8 Country Club Drive, Rochester, NY 14618, USA mailing address. including country) 1 Typewritten Full Name of Third Joint Inventor (if any) Jingkuang **CHEN** Given Name Middle Initial Family Name 2 **INVENTOR'S SIGNATURE: 200 6th 3 **DATE OF SIGNATURE: Month Day Year Rochester New York USA Residence: City State or Province Country Taiwan Citizenship: Post Office Address: (Insert complete 100 Brittany Circle, Rochester, NY 14618, USA mailing address, including country) 1 Typewritten Full Name Yi of Fourth Joint Inventor (if any) SU Given Name Middle Initial Family Name **INVENTOR'S SIGNATURE: 200 3 **DATE OF SIGNATURE: Month Year Day Portland Oregon USA Residence: City State or Province Country China Citizenship: Post Office Address: (Insert complete 235 SE 165th Avenue, Apt. #1-240, Portland, OR 97233, USA mailing address, including country) 1 Typewritten Full Name of Fifth Joint Inventor (if any) Given Name Middle Initial Family Name 2 **INVENTOR'S SIGNATURE: 3 **DATE OF SIGNATURE: Month Day Year Residence: City State or Province Country Citizenship: Post Office Address: (Insert complete mailing address, including country)

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.